Children's Behavioral Health Executive Leadership Team

CHARTER

Vision: The Children's Behavioral Health Executive Leadership Team will work together cooperatively and collaboratively across systems to assist in building an integrated delivery system of effective services and supports for treating children and youth with emotional or behavioral health needs, and their families.

A Purpose

The role of the Executive team is to provide executive level policy decisions related to cross-agency/cross-administration children's Behavioral Health initiatives. Decisions made by the governance group would be in the context of the Washington Children's Behavioral Health Principles (Appendix A):

- Family and Youth Voice and Choice
- Team based
- Natural Supports
- Collaboration
- Home and Community-based
- Culturally Relevant
- Individualized
- Strength Based
- Outcome-based
- Unconditional

Primary Functions

Working in an inclusive and transparent fashion the Team provides high level, integrated leadership and direction related to pertinent legislation, federal grants, purchasing of services and other system change initiatives that will:

- Facilitate strengthened connections across child serving systems, greater collaboration, and support of shared principles and priorities;
- Infuse Washington State Children's Behavioral Health Principles in all systems for children, youth and families;
- Improve the effectiveness and efficiency of children's behavioral health system based on data;
- Foster cooperative efforts across and among systems to address the needs of children and families in an integrated and cost effective manner;
- Align funding and projects with the field;
- Address system gaps and issues;
- Provide opportunities for strategic program implementation through collaborative problem-solving and planning; and
- Increase transparency, understanding and accountability across the child serving system.

The immediate focus of this Team will be overseeing the implementation of:

- **SSHB 1088** passed in 2007 regarding children's mental health services
- **T.R. vs. Dreyfus & Porter** Medicaid federal class action lawsuit
- **ESSHB 2536** passed in 2012, regarding evidence-based practices for children and youth.

- **Systems of Care Implementation and Expansion Grant** awarded in October 2012
- **Administration of Children and Families (ACF) Creating Connections Grant** awarded in October 2012
- **Children's Long Term Inpatient Program (CLIP) Improvement Team (CLIP-IT)** - a collaborative effort to align with TR litigation, Children's Mental Health redesign and reduce length of stay.

B Membership

Membership shall be composed of representatives of the following or their assigned delegates with decision making authority:

Role	Agency
Secretary	DSHS (or AER Assist. Sec.)
Assistant Secretary	AER
Assistant Secretary	BHSIA
Assistant Secretary	CA
Assistant Secretary	DDA
Assistant Secretary	ESA
Medicaid Director	HCA
Deputy Chief Medical Officer	HCA/BHSIA
Representative	Office of Indian Policy
Assistant Secretary	JJ&RA
Representative	OFM Budget
Representative	OFM policy

At least one ELT member will attend the quarterly statewide FYSPRT meetings to create a connection with, and clear line of communication between the two entities.

C Meetings

Meeting Frequency/ Staffing Executive Leadership Team

Options and recommendations will flow to the Executive Leadership Team from the Statewide FYSPRT via a briefing document that lays out options, pros and cons of each option and a recommendation.

The Executive Leadership Team will convene either in-person or electronically quarterly. The BHSIA Assistant Secretary (and assigned staff from DBHR Children's Team) are responsible for scheduling meetings and assembly of relevant materials

The Executive Leadership Team's decisions will direct the actions of the Statewide FYSPRT and their workgroups.

Accountability

Meeting minutes will be posted on the DBHR website.

WASHINGTON STATE CHILDREN'S BEHAVIORAL HEALTH SYSTEM PRINCIPLES

- **Family and Youth Voice and Choice**: Family and child voice, choice and preferences are intentionally elicited and prioritized during all phases of the process, including planning, delivery, transition, and evaluation of services. Services and interventions are family-focused and child-centered from the first contact with or about the family or child.
- **Team based**: Services and supports are planned and delivered through a multi-agency, collaborative teaming approach. Team members are chosen by the family and connected to them through natural, community, and formal support and service relationships. The team works together to develop and implement a plan to address unmet needs and work toward the family's vision.
- **Natural Supports**: The team actively seeks out and encourages the full participation of team members drawn from family members' networks of interpersonal and community relationships (e.g. friends, neighbors, community and faith-based organizations). The care plan reflects activities and interventions that draw on sources of natural support to promote recovery and resiliency.
- **Collaboration**: The system responds effectively to the behavioral health needs of multi-system involved children and their caregivers, including children in the child welfare, juvenile justice, developmental disabilities, substance abuse, primary care, and education systems.
- **Home and Community-based:** Children are first and foremost safely maintained in, or returned to, their own homes. Services and supports strategies take place in the most inclusive, most responsive, most accessible, most normative, and least restrictive setting possible.
- **Culturally Relevant**: Services are culturally relevant and provided with respect for the values, preferences, beliefs, culture, and identity of the child/youth and family and their community.
- **Individualized**: Services, strategies, and supports are individualized and tailored to the unique strengths and needs of each child and family. They are altered when necessary to meet changing needs and goals or in response to poor outcomes.
- **Strengths Based**: Services and supports are planned and delivered in a manner that identifies, builds on, and enhances the capabilities, knowledge, skills, and assets of the child and family, their community, and other team members.
- **Outcome-based**: Based on the family's needs and vision, the team develops goals and strategies, ties them to observable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly. Services and supports are persistent and flexible so as to overcome setbacks and achieve their intended goals and outcomes. Safety, stability and permanency are priorities.
- **Unconditional**: A child and family team's commitment to achieving its goals persists regardless of the child's behavior, placement setting, family's circumstances, or availability of services in the community. The team continues to work with the family toward their goals until the family indicates that a formal process is no longer required.